## BEST AVAILABLE COPY

| PATENT APPLICATION FEE DETERMINATION RECOR<br>Effective October 1, 2000   |  |  |                |   |                      |                  |       |               | 09/839205 |                        |                     |                  |                        |
|---|--|--|----------------|---|----------------------|------------------|-------|---------------|-----------|------------------------|---------------------|------------------|------------------------|
| . CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |  |                |   |                      |                  |       | SMALI<br>TYPE | EN        |                        | OR                  | OTHER<br>SMALL E | THAN                   |
| TO  | TAL CLAIMS                                     |  | 14             |   |                      |                  |       | RAT           | Ε         | FEE                    |                     | RATE             | FEE                    |
| FO  | R  |  | NUMBER FILED   |   | NUMBER EXTRA         |                  |       | BASIC         | FEE       | 355.00                 | OR                  | BASIC FEE        | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |  | / // minus 20= |   | . 0                  |                  |       | X\$ 9         | =         |                        | OR                  | X\$18=           |                        |
| INDEPENDENT CLAIMS  |  |  | / minus 3 =    |   | 0                    |                  | X40=  |               | _         |                        | OR                  | X80=             |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                                 | RESENT         |   |                      |                  | +135= |               |           |                        |                     | 070              |                        |
| * If the difference in column 1 is less than zoro enter "0" in column 2   |  |  |                |   |                      |                  |       |               |           |                        | OR                  | +270=            |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II   |  |  |                |   |                      |                  |       |               | AL        |                        | OR                  | TOTAL            | 110                    |
|   | C  | - <b>PAR</b><br>Colul)                       |                | (Column 3)                                  |                      | SMA              | LL E  | NTITY         | OR        | OTHER<br>SMALL E       |                     |                  |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                      | PRESENT<br>EXTRA |       | RAT           | E         | ADDI-<br>TIONAL<br>FEE |                     | RATE             | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •  | Minus          | **  |                      | =                |       | X\$ 9         | =         |                        | OR                  | X\$18=           |                        |
|   | Independent                                    | *  | Minus          | ***   |                      | =                |       | X40           | =         | -                      | OR                  | X80=             |                        |
| Ĺ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                |   |                      |                  |       | . 405         |           |                        | 1                   | +270=            |                        |
| -   |  |  |                |   |                      |                  |       | +135          | )=<br>TAL |                        | OR                  | TOTAL            |                        |
|   |  |  |                |   |                      |                  |       | ADDIT.        |           | _                      | OR                  | ADDIT. FEE       | <u> </u>               |
|   |  | (Column 1) (Column 2) (Column CLAIMS HIGHEST |                |   |                      |                  |       |               |           | 4001                   | 1                   |                  |                        |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT              |                | PREV  | MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |       | RAT           | E         | ADDI-<br>TIONAL<br>FEE |                     | RATE             | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus          | **  |                      | =                |       | X\$ 9         | )=        |                        | OR                  | X\$18=           |                        |
|   | Independent                                    | *  | Minus          | ***   | - <del>-</del>       | =                |       | X40           | =         | _                      | OR                  | X80=             |                        |
| L.  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                |   |                      |                  |       | 100           |           |                        | 1                   |                  |                        |
|   |  |  |                |   |                      |                  |       | +135          | TAL       | -                      | OR                  | +270=<br>TOTAL   |                        |
|   |  |  |                |   |                      |                  |       |               | FEE       |                        | OR                  | ADDIT. FEE       |                        |
|   | (Column 1) (Column 2) (Column 3                |  |                |   |                      |                  |       |               |           |                        |                     |                  |                        |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT              |                | NUN<br>PREVI                                | MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |       | RAT           | Ε         | ADDI-<br>TIONAL<br>FEE |                     | RATE             | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus          | **  |                      | =                |       | X\$ 9         | )=        |                        | OR                  | X\$18=           |                        |
|   | Independent                                    | *  | Minus          | ***   |                      | =                |       | X40           | =         |                        | OR                  | X80=             |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |  |                |   |                      |                  |       |               |           | -                      | 1                   |                  | 1                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |  |                |   |                      |                  |       |               |           | OR                     | +270=               | <b></b>          |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |  |                |   |                      |                  |       |               |           | OR                     | TOTAL<br>ADDIT. FEE |                  |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number